

## CLABSI Validation – Form D

### Chart Review Work Sheet

**Instructions:** Use for notes when reviewing BSI Events (from Form B) to either rule out or confirm CLABSI. Record final determination by checking appropriate boxes. Transfer findings to BSI Events table, Form B.

- ☐ 1. BSI event from patient with no central line present or during previous 48 hours.
- ☐ 2. BSI associated with Infection that was **PRESENT ON ADMISSION** from patient not recently discharged from hospital in the previous 48 hours.
- ☐ 3. Positive blood culture was determined to be a **CONTAMINANT**, i.e. common commensal organism(s) from
- ☐ only one positive culture within a 2 day period
  - ☐ 2 cultures on separate occasions, but patient with no signs/symptoms of infection
4. Infection was a **BSI SECONDARY TO ANOTHER SITE OF INFECTION**.
- |   |   |
|---|---|
| <input type="checkbox"/> UTI                    | <input type="checkbox"/> SSI                |
| <input type="checkbox"/> PNEU                   | <input type="checkbox"/> Bone/Joint         |
| <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Cardiovascular     |
| <input type="checkbox"/> EENT or URI            | <input type="checkbox"/> LRI                |
| <input type="checkbox"/> GI                     | <input type="checkbox"/> Reproductive tract |
| <input type="checkbox"/> Skin/ Soft tissue      | <input type="checkbox"/> Systemic           |
- Refer to NHSN Infection definitions to be sure criteria for primary infection site have been met!***
- ☐ 5. Infection met NHSN surveillance criteria for **CLABSI**, and should have been reported to NHSN. Complete **Form C**, CLABSI Review Form.

**MEDICAL RECORD REVIEW:** Lab Line List# \_\_\_ 1<sup>st</sup> positive blood culture of Event \_\_\_/\_\_\_/11

#### HOSPITALIZATION

Hospital Admission Date ___/___/___	Reason for Admission _____
	Admitted from Home SNF Dialysis
Discharge Date ___/___/___	Discharge disposition _____
Date of 1 <sup>st</sup> +blood Culture ___/___/___	Hospital location at time of 1 <sup>st</sup> positive culture: _____
Date admitted to location: ___/___/___	If on unit < 48 hrs, previous location _____

#### CENTRAL LINE HISTORY

Date of initial central line insertion ___/___/___	Location of Line Insertion _____
Line type: _____	Insertion site _____ Removal _____
Date of 2 <sup>nd</sup> central line insertion ___/___/___	Location of Line Insertion _____
Line type: _____	Insertion site _____ Removal _____
Date of 3 <sup>rd</sup> central line insertion ___/___/___	Location of Line Insertion _____
Line type: _____	Insertion site _____ Removal _____

#### CLINICAL NOTES

---

---

---

---

---

**POSITIVE BLOOD CULTURES**

Date of Positive BC #1: \_\_\_/\_\_\_/\_\_\_ Pathogen 1: \_\_\_\_\_ Pathogen 2: \_\_\_\_\_  
 Date of Positive BC #2: \_\_\_/\_\_\_/\_\_\_ Pathogen 1: \_\_\_\_\_ Pathogen 2: \_\_\_\_\_  
 Date of Positive BC #3: \_\_\_/\_\_\_/\_\_\_ Pathogen 1: \_\_\_\_\_ Pathogen 2: \_\_\_\_\_  
 Date of Positive BC #4: \_\_\_/\_\_\_/\_\_\_ Pathogen 1: \_\_\_\_\_ Pathogen 2: \_\_\_\_\_

**OTHER CULTURES**

(e.g. urine, wound, deep endotracheal, sputa, "respiratory", stool)

Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_  
 Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_  
 Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_  
 Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_  
 Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_  
 Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_  
 Culture \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ Pathogen(s) \_\_\_\_\_

**OTHER LAB FINDINGS**

---

---

---

---

**ANTIMICROBIALS**

Drug: \_\_\_\_\_ Reason \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Drug: \_\_\_\_\_ Reason \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Drug: \_\_\_\_\_ Reason \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Drug: \_\_\_\_\_ Reason \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Drug: \_\_\_\_\_ Reason \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Drug: \_\_\_\_\_ Reason \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Vitals/ Symptoms**

Date	Temperature	WBC	BP

**RADIOLOGY**

DATE	READING

**OTHER RELEVANT CLINICAL INFORMATION NEEDED TO DETERMINE PRIMARY SITE OF INFECTION**